

State of Washington
Department of Labor and Industries
PO Box 44261 Olympia, Washington 98504-4261

Billing Instructions - State Fund Claims

Hospital Services UB-92

The Washington State Department of Labor and Industries, or Self-Insured employer, is responsible for the costs of medically necessary hospital services associated with an accepted industrial injury. No co-payments or deductibles are required or allowed from workers.

Rules for billing and reimbursement of hospital services are explained in the Department's Medical Aid Rules, **Chapters 296-20, 296-21, 296-23, 296-23A.**

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DIRECTORY: FIELD SERVICE OFFICES

Aberdeen: 415 West Wishkah, Suite 1B
Aberdeen WA 98520-0013
(360) 533-8200

Bellevue: 616 120th Avenue NE, Suite C201
Bellevue WA 98005-3037
(425) 990-1400

Bellingham: 1720 Ellis Street, Suite 200
Bellingham WA 98225-4600
(360) 647-7300

Bremerton: 500 Pacific Avenue, Suite 400
Bremerton WA 98337-1904
(360) 415-4000

Colville: 298 South Main, Suite 203
Colville WA 99114-2416
(509) 684-7417
1-800-509-9174

East Wenatchee: 519 Grant Road
East Wenatchee WA 98802-5459
(509) 886-6500
1-800-292-5920

Everett: 729 100th St SE
Everett WA 98208-3727
(425) 290-1300

Kennewick: 4310 W 24th Ave
Kennewick WA 99338-1992
(509) 735-0100
1-800-547-9411

Longview: 900 Ocean Beach Hwy
Longview WA 98632-4013
(360) 575-6900

Moses Lake: 3001 W Broadway Ave
Moses Lake WA 98837-2907
(509) 764-6900

Mount Vernon: 525 E College Way, Suite H
Mount Vernon WA 98273-5500
(360) 416-3000

Okanogan: 1234 2nd Avenue S
Okanogan WA 98840-0632
(509) 826-7345

Port Angeles: 1605 East Front Street, Suite C
Port Angeles WA 98362-4628
(360) 417-2700

Pullman: 1250 Bishop Blvd SE, Suite G
PO Box 847
Pullman WA 99163-0847
(509) 334-5296
1-800-509-0025

Seattle: 300 W Harrison Street
Seattle WA 98119-4081
(206) 281-5400

Spokane: 901 N Monroe Street, Suite 100
Spokane WA 99201-2149
(509) 324-2600
1-800-509-8847

Tacoma: 950 Broadway Suite 200
Tacoma WA 98402-4453
(253) 596-3800

Tukwila: 12806 Gateway Drive
PO Box 69050
Seattle WA 98168-1050
(206) 248-8240

Tumwater: PO Box 44851
7273 Linderson Way SW
Olympia WA 98504-4851
(360) 902-5799

Vancouver: 312 SE Stonemill Dr, Suite 120
Vancouver WA 98684-3508
(360) 896-2300

Walla Walla: 1815 Portland Avenue, Suite 2
Walla Walla WA 99362-2246
(509) 527-4437

Yakima: 15 W Yakima Avenue, Suite 100
Yakima WA 98902-3480
(509) 454-3700
1-800-354-5423

*** indicates Regional Office
(Revised 7/30/2001, Reviewed 11/19/2001)**

HOSPITAL INPATIENT PROSPECTIVE PAYMENT SYSTEM

Payments for hospital inpatient services are calculated and paid using the department's hospital inpatient prospective payment system. Under this system, inpatient care for workers covered by the State Fund are now reimbursed as follows:

<i>Hospital Type or Location</i>	<i>Payment Method for Hospital Inpatient Services</i>
Exempt Hospitals, including: 2 Children's Hospitals 2 Health Maintenance Organizations (HMOs) 2 Military 2 Veterans Administration 2 State Psychiatric Facilities	Paid 100% of allowed charges.
Hospitals not in Washington	Paid by Washington Statewide average POAC as stated in the current fee schedule.
Washington Rural Hospitals (Peer Group 1)	Paid using Washington state-wide per diem rates for designated diagnosis related group (DRG) categories, including: <ul style="list-style-type: none">• chemical dependency• psychiatric• rehabilitation• medical and• surgical.
All other Washington Hospitals	Paid on a per case basis for admissions falling within designated diagnosis related groups (DRGs). For non-DRG paid admissions, Washington hospitals are paid using per diem rates.

<i>Hospital Type or Service Location</i>	<i>Does the Ambulatory Payment Classification System apply?</i>	<i>Do percent of allowed charges (POAC) payment methods apply?</i>	<i>Do the department's Medical Aid Rules and Fee Schedules apply to hospital outpatient radiology, laboratory, pathology, occupational therapy, and physical therapy services?</i>
Children's hospitals	No	Yes, paid 100% of allowed charges	Yes
Chronic Pain Management Program	No	Exempt, paid per department agreement	Exempt, paid per department agreement
Health Maintenance Organizations	Yes, paid statewide average Per-APC rate	Yes, applies to certain hospital outpatient services excluded from OPPS except radiology, laboratory, pathology, occupational therapy, and physical therapy	Yes
Military	No	Yes, paid 100% of allowed charges	No, paid 100% of allowed charges
Veterans Administration	No	Yes, paid 100% of allowed charges	No, paid 100% of allowed charges
State psychiatric facility	No	Yes, paid 100% of allowed charges	Yes
Other psychiatric hospitals	No	Yes, applies to hospital outpatient services except radiology, laboratory, pathology, occupational therapy, and physical therapy	Yes
Rehabilitation hospitals	No	Yes, applies to hospital outpatient services except radiology, laboratory, pathology, occupational therapy, and physical therapy	Yes
Cancer hospitals	No	Yes, applies to hospital outpatient services except radiology, laboratory, pathology, occupational therapy, and physical therapy	Yes
Washington rural (Peer Group 1) Hospitals	No	Yes, applies to hospital outpatient services except radiology, laboratory, pathology, occupational therapy, and physical therapy	Yes

Critical access hospitals	No	Yes, applies to hospital outpatient services except radiology, laboratory, pathology, occupational therapy, and physical therapy	Yes
All other Washington hospitals	Yes	Yes, applies to certain hospital outpatient services excluded from OPPS except radiology, laboratory, pathology, occupational therapy, and physical therapy	Yes

Hospitals are reimbursed only for the technical component of rates listed in the fee schedules, for outpatient radiology, pathology and laboratory services.

Hospitals are notified of changes to payment methods, policies and rates via letters to individual hospitals and Provider Bulletins. To obtain information concerning the current hospital payment policies and rates, please call the Health Service Analysis section at (360) 902-6799.

SUPPORTING DOCUMENTATION is required to substantiate billings for both hospital inpatient and outpatient services. Bills submitted without supporting documentation may be returned or denied.

The worker's signature on the "Report of Industrial Injury or Occupational Disease" provides hospitals and other providers with authority to release medical records.

For inpatient bills submitted, the following documents are required:

- (a) Admission history and physical examination;
- (b) Discharge summary for stays over 48 hours;
- (c) Emergency room reports;
- (d) Operative reports;
- (e) Anesthesia records; and
- (f) Other documentation as requested by the department and self-insurer.

For outpatient bills, only (c), (d) & (f) are required.

Please be certain the worker's name and the claim number is in the upper right corner of each page of the documentation.

Send supporting documentation separately from the UB-92 bill to:

Department of Labor and Industries
Claims Section
PO Box 44291
Olympia WA 98504-4291

No photocopy service fee may be billed for documentation submitted to support billing for services provided. We will pay for copies of medical records requested by the Department for information relevant to the adjudication of a specific claim. The cost for copying medical records must be billed by the hospital. Bills submitted by service companies will be denied.

Most inpatient bills and some outpatient bills are reviewed for medical necessity and relationship to accepted conditions prior to payment rather than after payment is made. However, we may also retrospectively review selected bills. When there are questions, full documentation may be requested. We will notify you in these circumstances.

UB-92 BILLING INSTRUCTIONS

All charges for hospital inpatient and outpatient services provided to injured workers must be submitted on the UB-92 billing form following the **UB-92 National Uniform Data Element Specifications**.

Hospitals are responsible for establishing criteria to define inpatient and outpatient services. See WAC 296-23A-0470 for which exclusions and exceptions apply to DRG payments for hospital services. All inpatient bills will be evaluated for length-of-stay and severity of illness criteria. Inpatient bills submitted without a treatment authorization number may be selected for retrospective review. This includes admissions for 24-hour observation that are billed as inpatient services (using second digit code 1, form locator 4).

Any changes to a previously submitted bill must be made on the Department's "Provider's Request for Adjustment" form, using the original ICN.

Physician professional fees must be billed on the HCFA 1500 billing form.

We process all provider bills using an automated system called the Medical Information Payment System (MIPS). In order to process your bills promptly and accurately, they must be completed as described. Improperly submitted bills will be denied or returned for completion or correction.

Bills may be submitted on paper forms or electronically. Mail paper UB-92 hospital bills to:

Department of Labor and Industries
PO Box 44266
Olympia WA 98504-4266

Please contact the Electronic Billing Unit at (360) 902-6511 or (360) 902-6512 to submit bills electronically.

Bills must be received within one year from the date of service. We cannot process bills submitted 12 months or longer after the service. An exception is considered when litigation or other worker-related question of coverage is the reason for late billing. In this circumstance, supporting documentation must be resubmitted with a copy of the original bill and a Provider's Request for Adjustment form.

Credit Balance Bills (CRE) – The bills will be held in abeyance until the credit balance is satisfied. These bills should be treated as "Bills in Process". Do not post or rebill these bills as long as they appear as such on your remittance advice. **This is money owed to the department.** Payment(s) to clear your credit balance should be mailed to:

Department of Labor and Industries
Cashier's Office
PO Box 44835
Olympia WA 98504-4835

For Help:

If you have questions related to bills, please call the Provider Hotline at 1-800-848-0811.

If you have questions related to the status of a claim or time-loss, please call the Claims Information line at 1-800-831-5227.

L&I Provider Account Number(s)

Enter your L&I Hospital Provider Account Number in form locator 51.

Hospitals are assigned one provider account number that covers acute services, psychiatric, rehabilitation, substances abuse and outpatient services.

Hospitals must obtain additional L&I provider account numbers to use when billing for each of the following services:

- ♦ Physician Professional Fees;
- ♦ Ambulance/air transportation services,
- ♦ Take home pharmacy items;

Call our Provider Accounts Section at (360) 902-5140 or visit our web site at <http://www.wa.gov/lni/forms> to obtain an application for an additional L&I provider account number.

ICD-9-CM Codes

Enter the correct diagnosis and procedure codes in form locator 67-77 and 80-81, respectively. Include leading zeros if appropriate. Enter the principal diagnosis code side of body code in the second line of form locator 78.

The **ICD-9-CM Coding Handbook for Entry Level Coders** describes the LEVEL OF SPECIFICITY IN CODING REQUIRED.

- ♦ **Use the most detailed code.**
- ♦ Report three and four digit codes **only if** further subdivisions are not available.
- ♦ If three and four digit codes have subdivisions, report the appropriate subdivision code.
- ♦ Enter the ICD-9-CM code for the principal diagnosis in form locator 67. The principal diagnosis is the condition established after study to be chiefly responsible for causing this hospitalization. (You should not use the code accepted by the department for the claim unless it is the principal diagnosis established by medical records for this hospitalization.)
- ♦ ICD-9 codes that are not specific will be denied. For example: 848.9 Sprain NOS

L&I Claim Number

Enter the department assigned claim number for the worker's (patient's) injury being treated in form locator 62. Omission of this number will result in denial of payment.

All **State Fund** claim numbers contain six digits and are preceded by one of the following letters: "B, C, F, G, H, J, K, L, M, N, P, X or Y."

Send bills for State Fund claims to:

**Department of Labor and Industries
PO Box 44266
Olympia WA 98504-4266**

Self-Insured employers are employers who qualify to self-insure their workers' compensation responsibilities. Employees of Self-Insured firms have the same rights and benefits as those workers insured under the State Fund. Self-Insured claim numbers are six digits preceded by an "S, T, or W." Bills for Self-Insured claims should be sent directly to the employer or their service representative. Department bill forms, Self-Insured forms, or other forms acceptable to the self-insurer may be used. If you have questions about Self-Insured billing, please call the worker's employer or Labor and Industries' Self-Insurance section at (360) 902-6901.

The ***Crime Victim Compensation Program*** is a secondary insurance program which provides financial, medical, and mental health benefits to victims of violent crime. Crime victim claim numbers are either six digits preceded by a "V", or five digits preceded by a "VA, VB, VC, VH or VJ." Send all bills for Crime Victim claims to:

**Department of Labor and Industries
Crime Victim Compensation Program
PO Box 44520
Olympia WA 98504-4520
(360) 902-5355 or 1-800-762-3716**

Treatment Authorization Number (For Inpatient & Targeted Outpatient Procedures)

Enter the treatment authorization number in form locator 63.

The Department's HOSPITAL INPATIENT/OUTPATIENT UTILIZATION REVIEW (UR) PROGRAM includes:

- ♦ Prior authorization for inpatient admissions & targeted outpatient surgical & diagnostic procedures
- ♦ Length of stay and continued stay evaluation - for inpatient admission;
- ♦ Discharge coordination

Admitting physicians must call the Department's UR firm to request an authorization number for an inpatient admission prior to all non-emergent, elective hospital inpatient stays, including these admissions:

- ♦ Exceptions to the Department's mandatory outpatient surgery program
- ♦ Rehabilitation treatment (other than inpatient pain clinic treatment)
- ♦ Psychiatric treatment
- ♦ Targeted outpatient procedures.

Providers are required to comply with the Department's inpatient pre-admission review program. If circumstances prevent a call prior to admission, please call as early as possible during the admission, as concurrent review may still be possible. Failure to verify authorization may result in delayed or denied payment.

To request current copies of Provider Bulletins explaining the policies of our hospital pre-admission review program, please call (360) 902-6799.

An authorization number does not guarantee payment. Payment is contingent upon the authorization and eligibility of the injured worker by the claims manager. Hospitals should verify authorization with the admitting doctor or by calling:

- | | |
|---|---|
| ♦ The Claim Information System: | 1-800-831-5227 |
| ♦ The L&I Service Location nearest you: | See page 2 |
| ♦ The Provider Hotline: | 1-800-848-0811 |
| ♦ The Claims Manager: | See L&I Resource List on
pages 34 & 35 |

Our Utilization Review Notification Lines are nationwide: **Phone: 1-800-541-2894**

UB-92 Billing Detail

The following data elements are required by the Department of Labor and Industries on bills for services provided to workers.

Legend: I = required on inpatient bills
O = required on outpatient bills

FORM LOCATOR	BILL TYPE	INFORMATION REQUIRED
1	I/O	PROVIDER NAME, ADDRESS & TELEPHONE NUMBER
3	I/O	PATIENT CONTROL NUMBER (Account Number)
4	I/O	TYPE OF BILL Indicate type of bill using three digits as follows: <u>1st digit – Type of Facility</u> 1 Hospital, including swing beds Notes for Type of Facility (1st digit) and Bill Classification (2nd digit): ** If code 7 (Clinic) is used, then the Bill Classification (Clinics Only) - 2nd digit must be used. ** If code 8 (Special Facility) is used, then the Bill Classification (Special Facilities Only) – 2nd digit must be used. <u>2nd digit - Bill Classification (Except Clinics and Special Facilities)</u> 1 Inpatient (Medicare Part A) 2 Inpatient (Medicare Part B Only) 3 Outpatient 4 Other (for hospital reference diagnostic services, or home health not under a plan of treatment) 5 Intermediate Care - Level I*** 6 Intermediate Care - Level II*** *** To be defined at the state level. 7 Intermediate Care - Level III*** 8 Swing Beds <u>2nd digit - Bill Classification (Clinics Only)</u> 1 Rural Health 2 Hospital Based or Independent (Free-Standing) Renal Dialysis Center 3 Free Standing 4 Outpatient Rehabilitation Facility (ORF) or Community Mental Health Clinics (CMHCs) 5 Comprehensive Outpatient Rehabilitation Facilities (CORFs) 9 Other

**FORM
LOCATOR** **BILL
TYPE**

INFORMATION REQUIRED

2nd digit - Bill Classification (Special Facilities Only)

- 1 Hospice (non-hospital based)
- 2 Hospice (hospital based)
- 3 Ambulatory Surgery Center
- 4 Free Standing Birthing Center
- 5 Rural Primary Care Hospital
- 9 Other

3rd digit – Frequency

- 1 Admit through Discharge Claim
- 2 Interim - First Claim
- 3 Interim - Continuing Claim
- 4 Interim - Last Claim
- 5 Late Charge(s) (Note: Late charges cannot be submitted after a bill has been audited)

Note for Frequency (3rd digit): L&I recognizes the 3rd digit in this Form Locator , however adjustments to previously paid bills must be submitted on the Department’s “Provider’s Request for Adjustment” form.

Note: Interim billing is discouraged.

- | | | |
|----|-----|--|
| 5 | I/O | FEDERAL TAX NUMBER |
| 6 | I/O | STATEMENT COVERS PERIOD
Enter the beginning and end dates (MMDDYY) of the period included on this bill. Enter the admit and discharge dates, if the bill is for an inpatient admission and the patient was discharged. |
| 12 | I/O | PATIENT NAME
Enter the worker’s last name, first name and middle initial |
| 13 | I/O | PATIENT ADDRESS |
| 14 | I/O | PATIENT BIRTHDATE
Enter MMDDYYYY |
| 15 | I/O | PATIENT SEX |
| 16 | I/O | PATIENT MARITAL STATUS |
| 17 | I/O | ADMISSION DATE
Enter MMDDYY |
| 18 | I/O | ADMISSION HOUR
Enter the hour during which the worker was admitted

00 = 12:00 A.M. (midnight) - 10:59 P.M.
23 = 11:00 - 11:59 P.M.
99 = Hour unknown |
| 19 | I | TYPE OF ADMISSION
1 = Emergent
2 = Urgent
3 = Elective
4 = Newborn |

**FORM
LOCATOR** **BILL
TYPE**

INFORMATION REQUIRED

20	I/O	SOURCE OF ADMISSION 1 = Physician referral 2 = Clinic referral 3 = HMO referral 4 = Transfer from a hospital 5 = Transfer from a skilled nursing facility 6 = Transfer from another health care facility 7 = Emergency room 8 = Court/Law enforcement 9 = Information not available
21	I	DISCHARGE HOUR Enter the hour during which the worker was discharged 00 = 12:00 A.M. (midnight) - 10:59 P.M. 23 = 11:00 P.M. - 11:59 P.M. 99 = Hour unknown
22	I/O	PATIENT STATUS 01 = Discharge to home or self care (routine discharge) 02 = Discharge/transferred to another short-term general hospital for inpatient care 03 = Discharge/transferred to skilled nursing facility (SNF) 04 = Discharge/transferred to an immediate care facility (ICF) 05 = Discharge/transferred to another type of institution for inpatient care or referred for outpatient services to another institution 06 = Discharge/transferred to home under care of home health service organization 07 = Left against medical advice or discontinued care 08 = Discharge/transferred to home under care of a Home IV provider 20 = Expired 30 = Still patient or expected to return for outpatient services
23	I/O	MEDICAL/HEALTH RECORD NUMBER
24-30	I/O	CONDITION CODES (required if applicable)
32-35a,b	I/O	OCCURRENCE CODES AND DATES Use occurrence code 04 - Accident/Employment Related Date – Date of Injury or onset of occupational disease
36a,b	I/O	OCCURRENCE SPAN CODES AND DATES
38	I/O	RESPONSIBLE PARTY NAME AND ADDRESS
42	I/O	REVENUE CODE Enter the appropriate National Revenue Code (See additional instructions on pp 18-22.)
43	I/O	REVENUE DESCRIPTION Enter the narrative description of the revenue code or HCPCS procedure code

**FORM
LOCATOR** **BILL
TYPE**

INFORMATION REQUIRED

44	I/O	HCPCS/Modifiers/Rates Enter the accommodation rate for inpatient bills or the HCFA Common Procedure Coding System (HCPCS) code and modifiers applicable to services for outpatient bills. (See additional instructions on pp 18-22.)
45	O	SERV. DATE Enter the Service Date in MMDDYY format
46	I/O	UNIT OF SERVICE
47	I/O	TOTAL CHARGES
50	I/O	NON-COVERED CHARGES
50A,B,C	I/O	PAYER IDENTIFICATION (NAME)
51A,B,C	I/O	PROVIDER NUMBER Enter the L&I provider account number issued for inpatient and outpatient care
54A,B,C	I/O	PRIOR PAYMENTS - PAYERS AND PATIENT
58A,B,C	I/O	INSURED'S NAME
59A,B,C	I/O	PATIENTS RELATIONSHIP TO INSURED
60A,B,C	I/O	SOCIAL SECURITY NUMBER
61A,B,C	I/O	INSURED GROUP NAME
62A,B,C	I/O	INSURANCE GROUP NUMBER Enter the L&I claim number of the worker
63A,B,C	I/O	TREATMENT AUTHORIZATION CODE
64A,B,C	I/O	EMPLOYMENT STATUS CODE (Required when a patient's employer is a Self-Insured firm)
65A,B,C	I/O	EMPLOYER NAME (Required when a patient's employer is a Self-Insured firm)
67	I/O	PRINCIPAL DIAGNOSIS CODE
68-75	I/O	OTHER DIAGNOSIS CODES
76	I/O	ADMITTING DIAGNOSIS
77	I/O	EXTERNAL CAUSE OF INJURY CODE (E-Code)
78	I/O	PRINCIPAL DIAGNOSIS CODE SIDE OF BODY Enter in second line: L = left side R = right side B = both Blank = not applicable
80	I/O	PRINCIPAL PROCEDURE CODE AND DATE
81A-E	I/O	OTHER PROCEDURE CODES AND DATE
82a,b	I/O	ATTENDING PHYSICIAN ID
83a,b	I/O	OTHER PHYSICIAN ID
84a,b,c,d	I/O	REMARKS (NOTE: Use only when applicable. Inappropriate use of Remarks will unnecessarily cause suspense of bills.)
85	I/O	PROVIDER REPRESENTATIVE SIGNATURE
86	I/O	DATE BILL SUBMITTED

Revenue Codes Requiring CPT/HCPCS Codes On Outpatient Bills

Based on WAC 296-23A-0220 (see page 4), there are different requirements for submission of CPT/HCPCS codes.

Hospitals paid by the Ambulatory Payment Classification (APC) system are required to submit CPT/HCPCS codes on **each** line item. Non-APC hospitals are strongly encouraged to supply CPT/HCPCS codes on all line items as well, but are **required** to do so for the revenue codes in the following table.

Since the CPT/HCPCS codes are more specific than the revenue codes, services and charges which fall within one revenue code may need to be broken down in more than one line items repeating the **same** revenue code on multiple bill lines with **different** CPT/HCPCS codes.

On the UB-92 form:

- 2 Enter the CPT/HCPCS codes in form locator 44.
- 2 Enter the number of times each procedure, therapy or other service was performed, or the number of items supplied in form locator 46.

National Revenue Codes With Special Instructions

Effective October 1, 1993, the Department of Labor and Industries adopted the National Revenue Codes.

The following table contains the National Revenue codes which have special instructions and is not inclusive of all revenue codes which may be billed. For a complete list of the National Revenue codes, please refer to www.nubc.org.

Revenue Code	Description	Provider Instructions	L&I will:
19X	Subacute Care		Not usually covered (Inpatient)
256X	Experimental Drugs		Not usually covered
30X	LABORATORY		
300	General Classification	HCPCS code required for Outpatient	
301	Chemistry	HCPCS code required for Outpatient	
302	Immunology	HCPCS code required for Outpatient	

Revenue Code	Description		
303	Renal patient (home)	HCPCS code required for Outpatient	
304	Non-routing dialysis	HCPCS code required for Outpatient	
305	Hematology	HCPCS code required for Outpatient	
306	Bacteriology & Microbiology	HCPCS code required for Outpatient	
307	Urology	HCPCS code required for Outpatient	
309	Other Laboratory	HCPCS code required for Outpatient	
31X	LABORATORY – PATHOLOGICAL		
310	General Classification	HCPCS code required for Outpatient	
311	Cytology	HCPCS code required for Outpatient	
312	Histology	HCPCS code required for Outpatient	
314	Biopsy	HCPCS code required for Outpatient	
319	Other	HCPCS code required for Outpatient	
32X	RADIOLOGY – DIAGNOSTIC		
320	General Classification	HCPCS code required for Outpatient	
321	Angiocardiology	HCPCS code required for Outpatient	
322	Arthrography	HCPCS code required for Outpatient	
323	Arteriography	HCPCS code required for Outpatient	
324	Chest X-Ray	HCPCS code required for Outpatient	
329	Other	HCPCS code required for Outpatient	
33X	RADIOLOGY – THERAPEUTIC		
330	General Classification	HCPCS code required for Outpatient	
331	Chemotherapy – Injected	HCPCS code required for Outpatient	
332	Chemotherapy – Oral	HCPCS code required for Outpatient	

Revenue Code	Description		
333	Radiation Therapy	HCPCS code required for Outpatient	
335	Chemotherapy – IV	HCPCS code required for Outpatient	
339	Other	HCPCS code required for Outpatient	
34X	NUCLEAR MEDICINE		
340	General Classification	HCPCS code required for Outpatient	
341	Diagnostic	HCPCS code required for Outpatient	
342	Therapeutic – Oral	HCPCS code required for Outpatient	
349	Other	HCPCS code required for Outpatient	
35X	CT SCAN		
350	General Classification	HCPCS code required for Outpatient	
351	Head Scan	HCPCS code required for Outpatient	
352	Head Scan	HCPCS code required for Outpatient	
359	Other CT Scan	HCPCS code required for Outpatient	
37X	ANESTHESIA		
374	Acupuncture		Not usually covered
40X	OTHER IMAGING SERVICES		
403	Screening Mammography	HCPCS code required for Outpatient	
404	Positron Emission Tomography	HCPCS code required for Outpatient	Not usually covered
42X	PHYSICAL THERAPY	HCPCS code required for Outpatient	
43X	OCCUPATIONAL THERAPY	HCPCS code required for Outpatient	
44X	SPEECH THERAPY	HCPCS code required for Outpatient	
45X	EMERGENCY ROOM		
451	EMTALA Emergency Screening Svcs		Not usually covered
452	ER Beyond EMTALA Screening		Not usually covered
54X	AMBULANCE	Bill on HCFA-1500, using HCPCS	
55X	Skilled Nursing		Not usually covered

Revenue Code	Description		
57X	Home Health – Home Health Aide		Not usually covered
58X	Home Health – Other Visits		Not usually covered
59X	UNITS OF SERVICE (HOME HEALTH)		Not usually covered
60X	Home Health – Oxygen		Not usually covered (Inpatient)
609	Other Oxygen		Not usually covered (Outpatient)
61X	MRI	HCPCS code required for Outpatient	
62X	MEDICAL/SURGICAL SUPPLIES AND DEVICES		
624	FDA Investigational Devices		Not usually covered
63X	DRUGS REQUIRING SPECIFIC ID		
630	General Classification	HCPCS code required for Outpatient	
64X	Home IV Therapy Services		Not usually covered (Inpatient)
66X	Respite Care		
669	Other Respite Care		Not usually covered
67X	Outpatient Special Residence Charges		Not usually covered (Inpatient)
72X	LABOR ROOM/DELIVERY		
723	Circumcision		Not usually covered
78X	TELEMEDICINE		Not usually covered
81X	Acquisition of Body Components		
814	Unsuccessful Organ Search – Donor Bank Charges		Not usually covered
82X	HEMODIALYSIS		
822	Home Supplies		Not usually covered (Inpatient)
823	Home Equipment		Not usually covered (Inpatient)
83X	PERITONEAL DIALYSIS		
832	Home Supplies		Not usually covered (Inpatient)
833	Home Equipment		Not usually covered (Inpatient)
84X	CAPD		
843	Home Equipment		Not usually covered (Inpatient)
85X	CCPD		

Revenue Code	Description		
852	Home Supplies		Not usually covered (Inpatient)
853	Home Equipment		Not usually covered (Inpatient)
90X	PSYCHIATRIC / PSYCHOLOGICAL TREATMENTS		
902	Milieu Therapy	HCPCS code required for Outpatient	
904	Activity Therapy	HCPCS code required for Outpatient	
92X	OTHER DIAGNOSTIC SERVICES		
920	General Classification	HCPCS code required for Outpatient	
929	Other Diagnostic Service	HCPCS code required for Outpatient	
96X	PROFESSIONAL FEES	Bill on HCFA-1500 using HCPCS	
97X	PROFESSIONAL FEES (Extension of 96X and 97X)	Bill on HCFA-1500 using HCPCS	
98X	PROFESSIONAL FEES (Extension of 96X and 97X)	Bill on HCFA-1500 using HCPCS	
99X	PATIENT CONVENIENCE ITEMS		
990	General Classification		Not usually covered
991	Cafeteria/Guest Tray		Not usually covered
992	Private Linen Service		Not usually covered
993	Telephone/Telegraph		Not usually covered
994	TV/Radio		Not usually covered
995	Nonpatient room Rentals		Not usually covered
996	Late Discharge Charge		Not usually covered (Outpatient)
997	Admission Kits		Not usually covered (Outpatient)
998	Beauty Shop/Barber		Not usually covered
999	Other Patient Convenience Items		Not usually covered

The remittance advice provides a detailed report of all bill activity at two-week intervals. If you are due payment per the remittance advice, you will also receive a warrant (payment).

Providers billing electronically also have the option to receive their remittance advice electronically. Please contact the electronic billing unit at 360-902-6511 or 6512 for format specifications and activation.

Page one of the provider's remittance advice is the "Newsletter." The free-form text relays information about the payment cycle, future warrants, billing instructions, rule changes, fee schedule changes, future workshops, etc. Please review this page carefully.

The middle page(s) inform the provider or injured/ill worker which bills are being paid in the warrant, which bills denied and which bills are pending. At the very end of this section, it will list all explanation of benefit codes used in the remittance.

The last page of the remittance advice is a Legal Notice informing you of your right to request reconsideration or appeal any payment determination in the remittance advice and the maximum time you have for such an appeal/reconsideration.

The pages list toll-free telephone numbers to call if you have questions about bills-in-process and finalized bills.

After you have reviewed your remittance advice and if you should disagree with the amount paid, please submit a "Provider's Request for Adjustment" form referencing the ORIGINAL ICN. See page 30 for adjustment instructions.

PAYEE PROVIDER NUMBER	Provider's L&I payee account number
REMITTANCE ADVICE NUMBER	Sequence number in this warrant register
WARRANT REGISTER NUMBER	Number assigned to log all warrants for this payment cycle
DATE	Date of this payment cycle
CLAIM NUMBER	Injured worker's L&I claim number
NAME	Injured worker's last name and initial of first name.
PATIENT ACCOUNT / PRESCRIPTION NUMBER	Account number or prescription number assigned by the provider or pharmacy to identify the injured worker, bill, or prescription.
ICN	(Internal Control Number) Assigned by L&I to permanently identify this bill.
SERVICE DATES FROM	The date of service or the beginning date of a service period.

SERVICE DATE TO	The date of service or the ending date of a service period.
UNIT OF SERVICE	The number of days/visits/time units/miles.
PRICE INDICATOR	Payment methodology (I npatient % of charge, D RG per case rate, D RG P er D iem)
REV	The medical aid fee schedule procedure code that was used to determine payment. NUBC (Inpatient and Outpatient).
PROCEDURE	HCPCS Level 1, 2, or 3 (Outpatient)
MOD1, MOD2	Level 1, 2, or 3 (Outpatient)
APC	Ambulatory Payment Classification (Outpatient)
DRG/MDC	Diagnosis Related Group/Major Diagnostic Category (Inpatient)
NDC	National Drug Classification (not applicable)
BILLED CHARGES	Amount the provider billed.
ALLOWED	The amount payable.
TAX OR NON COVERED CHARGES	The amount of sales tax payable or the amount of hospital charges not payable.
PAYABLE	The total amount L&I is paying.
EXPLANATION OF BENEFIT (EOB) CODES	The explanation of benefit reason code for the amount being paid or not paid. These codes can be applicable to the total bill or to specific line charges.
PAID BILL	The bills and types of bills being paid in this warrant in line-item detail.
DENIED BILL	The bill and types of bill forms that are being denied in this remittance.
BILLS-IN-PROCESS	The bills that have been received and keyed into MIPS, but have not cleared all adjudication edits in time for this payment cycle's cutoff date.
CREDIT BALANCE BILLS (CRE)	The bills that are being held in abeyance until a credit balance is satisfied. These bills should be treated as "Bills in Process". Do not post or rebill these bills as long as they appear in this section. This is money owed to the department.

BILLS RETURNED	Resubmit original returned bill with the information requested.
PAID BILLS-GROSS ADJUSTMENT	The bills and types of bills being paid in this warrant in summary detail only.
DENIED BILLS-GROSS ADJUSTMENT	The bills and types of bills being denied in this remittance in summary detail only.
BILLS PAID MTD	The total number of bills paid this month to date.
AMOUNT PAID MTD	The total dollar amount paid this month to date.
BILLS PAID YTD	The total number of bills paid this year to date.
AMOUNT PAID YTD	The total dollar amount paid this year to date.
BILLS DENIED/RETURNED MTD	The total number of bills denied and/or returned this month to date.
BILLS DENIED/RETURNED YTD	The total number of bills denied and/or returned this year to date.
EOB EXPLANATION	The narrative explanation of the EOB codes appearing on this remittance advice.

SAMPLE PAGE

BLMC8000-R001
AS OF 01/06/2002

**DEPARTMENT OF LABOR AND INDUSTRIES
OLYMPIA, WASH 98504**

007589

REMITTANCE ADVICE

INSTRUCTIONS:

1. REFER TO LAST PAGE FOR LEGAL NOTICES
2. FOR HELP WITH SUSPENDED BILLS: CALL 1-800-831-5227
3. FOR HELP WITH FINALIZED BILLS: CALL 1-800-848-0811

PAYEE PROVIDER NUMBER **0000000** REMIT ADVICE # **XXXXXX** WARRANT REGISTER NUMBER **XXXXX** DATE **01/08/2002** PAGE **X**

PROVIDER'S NAME
PROVIDER'S STREET ADDRESS
CITY, STATE, ZIP

- NEWSLETTER UPDATE -

SAMPLE PAGE
BLMC8000-R001
AS OF 01/06/2002

DEPARTMENT OF LABOR AND INDUSTRIES
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PAYEE PROVIDER NUMBER		0000000		REMIT ADVICE #		XXXXXX		WARRANT REGISTER NUMBER					60048		DATE		01/08/2002		PAGE		X	
CLAIM NUMBER	NAME	I	PATIENT ACCT/RX NUMBER	SERVICE FROM	DATES TO	UNIT OF SVC	PRICE IND	REV	PROC DRG/MDC	M1 NDC	M2 NDC	APC	BILLED CHARGES	ALLOWED	TAX OR NON-COVD CHARGES	PAYABLE	EOB CODES					
PAID BILLS -			INPATIENT BILL																			
J000000	XXXXXXXX	X	XXXXXXXXXXXX	121101	122901	17	X	XXX	XXX/XX				XXXX.XX	XXXX.XX	0.00	XXXX.XX						
				121101	122901	1		XXX				XXXX.XX	XXXX.XX	0.00	XXXX.XX							
				121101	122901	39		XXX				XXXX.XX	XXXX.XX	0.00	XXXX.XX							
				121101	122901	98		XXX				XXXX.XX	XXXX.XX	0.00	XXXX.XX							
ICN-00200125045000200				***BILL TOTAL *****								XXXX.XX	XXXX.XX	0.00	XXXX.XX							
***PAID BILLS TOTAL - INPATIENT BILLS										**NUMBER OF BILLS-		1		XXXX.XX	XXXX.XX	0.00	XXXX.XX					
BILLS-IN-PROCESS -			OUTPATIENT BILL																			
F000000	XXXXXXXX	X	XXXXXXXXXXXX	112201	112201	1		XXX	XXXXX XX XX XXXXX				X.XX	0.00	0.00	0.00						
				112201	112201	2		XXX	XXXXX				XX.XX	0.00	0.00	0.00						
ICN-00200225045000100				***BILL TOTAL *****								XX.XX	0.00	0.00	0.00	559						
P000000	XXXXXXXX	X	XXXXXXXXXXXX	121501	010301	1		XXX	XXXXX XX				XX.XX	0.00	0.00	0.00						
				121501	010301	2		XXX	XXXXX XX XX				XXX.XX	0.00	0.00	0.00						
				121501	010301	2		XXX	XXXXX				XXX.XX	0.00	0.00	0.00						
ICN-00200125045000200				***BILL TOTAL *****								XXX.XX	0.00	0.00	0.00	480						
*** BILLS PENDING TOTAL - OUTPATIENT BILLS										**NUMBER OF BILLS-		2		XXX.XX	0.00	0.00	0.00					
RETURNED - BILLS -			OUTPATIENT BILL																			
P000000	XXXXXXXX	X	XXXXXXXXXXXX	112101	121901	1		XXX	XXXXX				XX.XX	0.00	0.00	0.00						
				112101	121901	1		XXX	XXXXX				XXX.XX	0.00	0.00	0.00						
				112101	121901	1		XXX	XXXXX				XXX.XX	0.00	0.00	0.00						
ICN- 00200125001000500				***BILL TOTAL *****								XXX.XX	0.00	0.00	0.00	RET						
***RETURNED BILL TOTALS - OUTPATIENT BILL										**NUMBER OF BILLS-		1		0.00	0.00	0.00	0.00					
ADJUSTMENT - BILLS -			OUTPATIENT BILL																			
P000000	XXXXXXXX	X	XXXXXXXXXXXX	112801	120201	2		XXX	XXXXX				XX.XX-	XX.XX-	0.00	XX.XX-						
				112801	120201	1		XXX	XXXXX				XX.XX-	XX.XX-	0.00	Xx.XX-						
				112801	120201	1		XXX	XXXXX				XX.XX-	XX.XX-	0.00	XX.XX-						
ICN- 00200525013101000				***BILL TOTAL *****								XXX.XX-	X.XX-	0.00	XXX.XX-	CRE						

P000000	XXXXXXX	X	XXXXXXXXXX	112801	120201	2	XXX	XXXXX	XX.XX	0.00	0.00	0.00	391 252
				112801	120201	2	XXX	XXXXX	XX.XX	0.00	0.00	0.00	
				112801	120201	1	XXX	XXXXX	XX.XX	0.00	0.00	0.00	
			ICN- 00200525013201000	***BILL TOTAL*****				XXX.XX	0.00	0.00	0.00		
**ADJUSTMENT TOTALS -OUTPATIENT BILL				**NUMBER OF BILLS-				2	XXX.XX	0.00	0.00	0.00	391 252

TOTAL WARRANT AMOUNT XXXX.XX

*** BILLS PAID MTD	2	*** AMOUNT PAID MTD	XXXX.XX	*** BILLS PAID YTD	4	*** AMOUNT PAID YTD	XXXX.XX
*** BILLS DENIED/RETURNED MTD	1	*** BILLS DENIED/RETURNED YTD			1		

***** THE FOLLOWING IS A DESCRIPTION OF THE EXPLANATION CODES UTILIZED ABOVE: *****

480 AS OF LAST CUT-OFF DATE, THIS BILL WAS ON THE PROVIDER'S DIRECT ENTRY SUSPENSE FILE.
559 THIS BILL IS BEING ACTED UPON. DO NOT REBILL OR SUBMIT ADJUSTMENT UNTIL BILL IS DENIED OR PAID.
391 THIS IS AN ADJUSTMENT TO CORRECT A PREVIOUSLY ADJUDICATED/PROCESSED BILL.
252 CLAIM CLOSED. ONLY SERVICES REQUESTED BY THE DEPARTMENT ARE PAYABLE.

Media	Julian Date	Fill Roll Number	Batch Number	Bill Number
0	02002	25	045	000100

- * ICN numbers that begin with a zero indicates that it is a paper bill.
- * ICN numbers that begin with a 2, 3, or 5 indicates that it is an electronic bill.

SAMPLE PAGE

BLMC8000-R001
AS OF 01/06/02

**DEPARTMENT OF LABOR AND INDUSTRIES
OLYMPIA, WASH 98504**

007589

REMITTANCE ADVICE

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PAYEE PROVIDER NUMBER **0000000** REMIT ADVICE # **XXXXXX** WARRANT REGISTER NUMBER **XXXXX** DATE **01/08/2002** PAGE **X**

******* REMITTANCE ADVICE LEGAL NOTICE *******

INITIAL PAYMENTS OR ADJUSTMENTS RESULTING IN INCREASED PAYMENTS MADE ON THIS REMITTANCE ADVICE WILL BECOME FINAL SIXTY (60) DAYS AFTER RECEIPT UNLESS YOU FILE A REQUEST FOR RECONSIDERATION OR A PROVIDER'S REQUEST FOR ADJUSTMENT FORM WITH THE DEPARTMENT WITHIN THAT TIME.

ADJUSTMENTS MADE TO PREVIOUS PAYMENTS ON THIS REMITTANCE ADVICE RESULTING IN DECREASED PAYMENTS WILL BECOME FINAL TWENTY (20) DAYS AFTER RECEIPT UNLESS: 1) YOU FILE A WRITTEN REQUEST FOR RECONSIDERATION OR 2) A PROVIDER'S REQUEST FOR ADJUSTMENT FORM WITH THE DEPARTMENT OR 3) AN APPEAL WITH THE BOARD OF INDUSTRIAL INSURANCE APPEALS WITHIN THAT TIME.

ADJUSTMENT AND/OR RECONSIDERATION REQUESTS MUST BE SENT TO THE DEPARTMENT OF LABOR AND INDUSTRIES, PO BOX 44267, OLYMPIA, WA 98504-4267

APPEALS MUST BE SENT TO THE BOARD OF INDUSTRIAL INSURANCE APPEALS, 2430 CHANDLER CT SW, OLYMPIA WA 98504-2401.

REBILLS

REBILLS should be submitted when:

Your TOTAL BILL has been denied.

Your bill was sent in over 60 days ago and is not yet showing up on your Remittance Advice

You are **required** to REBILL: (WAC 296-20-125)

- For TOTAL BILLS denied because the claim was closed and the claim has now been reopened
- For TOTAL BILLS denied because the claim was first rejected and the claim has now been allowed.
- For TOTAL BILLS denied because a diagnosis was at first not allowed and the diagnosis has now been allowed

Rebills must be received at the department **within one year of the date the final order was issued** which reopened or allowed the claim or diagnosis.

A Rebill should be identical to the original bill: same charges, codes and dates of service.

Rebills should be submitted on new ORIGINAL bill forms. We cannot process photocopies or facsimiles.

ADJUSTMENTS

A **“Providers Request for Adjustment” form (F245-183-000)** should be submitted to correct an incorrect field on a bill that has **already processed and partially paid**.

Enter the workers name (field 1), their claim number as it appears on your REMITTANCE ADVICE (field 2), the correct claim number if applicable (field 3), the providers name and address (field 4), the ICN (internal control number) of the bill (field 5) as it appears on your REMITTANCE ADVICE (see example headings below for location of the ICN as it appears on your REMITTANCE ADVICE), the performing providers L&I provider number (field 6) and L&I payee number (field 7), if applicable.

Claim #	Name	I	Patient Acct#	ICN	Service From	Dates To	Unit	Procedure	Billed Charge
P000000	XXXXXXX	X	XXXXXXXXXX	00101825045000200	121300	121700	1	XXXXX	XX.XX

In the body of the form (field 8) complete only those line item fields that have been paid or denied incorrectly due to incorrect information. Enter only the corrected information in the line item fields corresponding to the line item fields on your bill as it appears on your REMITTANCE ADVICE.

EXAMPLE:

You billed one unit of service on line one but four units were actually completed and should be payable. You've only been paid for one unit. Everything else on the bill is correct. In field 8, on line one of the adjustment form, enter '4' in the 'unit' field. After the adjustment processes you will receive payment for the three units previously unpaid.

Please attach to the adjustment form a copy of your ORIGINAL BILL and a copy of the page of your REMITTANCE ADVICE where your paid bill appears.

Request for Reconsideration on adjustments initiated by the department

Per legal notice on your REMITTANCE ADVICE, a request for reconsideration of a decreased adjusted payment must be made in writing within 20 days of receipt of payment.

The basis for the request for reconsideration must be other than an objection to the payment amount established by the departments fee schedule.

All supporting documentation relevant to the reconsideration request should be submitted with the request.

Note:

DO NOT SUBMIT an adjustment or a rebill for a bill that is reported "in process" on your Remittance Advice. If the bill remains in the "in process" status for **over 60 days**, call our Provider Hotline at 1-800-848-0811. For bills "in process" **under 60 days** you may access the Claim Information Line by calling 1-800-831-5227. Once you access the 'in process' bill information, you may choose the 'zero' option to be connected to the bill payment section.

Adjustments will appear as the last item on the Remittance Advice as follows:

(See sample RA on next page)

Your original bill will be reprinted, appearing as a credit for the amount previously paid, (e.g., \$100.00 - CRE).

Your adjustment will usually appear immediately following the credit of your bill.

If an additional payment is allowed, the total amount allowed for the bill will be reported (e.g., \$125.00). The "adjusted payment" will be paid in the warrant (e.g., \$25.00).

If no additional fee is allowable, the amount of the adjustment will be equal to the credit of the previous payment (e.g., \$100.00).

If the original payment is being recouped, the total amount allowed for the bill will be reported (e.g., \$0.00). The "adjusted payment" will recoup the original amount of the bill.

NO STAPLES IN
BAR CODE AREA



Department of Labor and Industries
Claims Section
PO Box 44267
Olympia WA 98504-4267

PROVIDER'S REQUEST FOR ADJUSTMENT

CHECK ONE → ☐ TOTAL OVERPAYMENT
☐ PARTIAL OVERPAYMENT
☐ UNDERPAYMENT

**DO NOT
WRITE IN
SPACE**

Please type or print in Dark ink

ENTER DATA FROM ORIGINAL REMITTANCE ADVICE		INSTRUCTIONS ARE ENCLOSED	
1) WORKERS NAME (Last, First, Middle)		2) CLAIM NUMBER ON REMIT ADVICE	3) CORRECT CLAIM NUMBER
4) PROVIDER NAME AND ADDRESS		5) ICN NUMBER ON REMITTANCE ADVICE	
		6) PROVIDER NUMBER	
		7) PAYEE NUMBER	

COMPLETE ONLY THOSE LINE ITEMS PAID/DENIED IN ERROR - ENTER ONLY CORRECTED INFORMATION											
8) Line Item #	a) From/to Date of Service or Covered Dates	b) P O S	c) T O S	d) Procedure Code/ Revenue Code/NDC	e) CODE MOD	f) ICD-9-CM Diagnosis/ Side of Body	g) Tooth Number	h) Charge	i) Days/ Units/ Quantity	j) Days Supply	k) Description
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											
13											
14											

9. OTHER REMARKS/JUSTIFICATIONS/SPECIAL CIRCUMSTANCES - ATTACH REQUIRED REPORTS - EXPLAIN FULLY

DATE	SIGNATURE OF PERSON COMPLETING FORM	PHONE NUMBER ()
------	-------------------------------------	---------------------

F245-183-000 provider's request for adjustment 2/00

ADJUSTMENT REQUEST FORM

THE ADJUSTMENT REQUEST FORM MAY BE USED IN THE FOLLOWING INSTANCES:

TOTAL OVERPAYMENT ---- Entire bill was paid in error. You may either submit an Adjustment Request Form and we will process a credit to recover our payment; OR you may issue a refund check directly to the Department. If a refund is submitted, you must attach a copy of the remittance advice indicating the ICN overpaid. Submit refunds to:

**Cashiers Office
Department of Labor and Industries
PO Box 44835
Olympia WA 98504-4835**

PARTIAL OVERPAYMENT --- A portion of the bill was overpaid. Complete Adjustment Request Form with correct information, including date of service, for the procedures/items paid incorrectly.

UNDERPAYMENT ----- If a bill has been underpaid in error, the Adjustment Request Form must be completed with all pertinent information including date of service. Corrections or justification and/or reports must be included.

This form may **NOT** be used for:

Bills returned to you by the Department **OR** totally denied bill. New bill must be submitted.

INSTRUCTIONS FOR COMPLETING ADJUSTMENT REQUEST

**Submit only one form for each ICN (Internal Control Number).
Attach a copy of remittance advice and original bill.**

1. **WORKER'S NAME:** Clearly print injured worker's full name.
2. **CLAIM NUMBER ON REMITTANCE ADVICE:** Enter the 7-digit number found in the Claim Number column on the remittance advice.
3. **CORRECT CLAIM NUMBER:** Claim number these services should be paid under.
4. **PROVIDER NAME AND ADDRESS:** Enter the name and address of the provider providing the service. Include telephone number.
5. **ICN NUMBER:** Enter the 17-digit number found in the ICN column to identify the bill submitted.
6. **PROVIDER NUMBER:** Enter the Labor and Industries provider account number for the provider of service as it appears on the remittance advice.
7. **PAYEE NUMBER:** Enter the Labor and Industries payee provider account number if payee was **different** than the provider of service.
8. **SERVICE ITEMIZATION:** Complete only for those line items to be corrected. Enter corrected information on line item number corresponding to line item number on original bill.
 - a. **From/to Date of Service or Covered Dates:** Date of Service, from and to date if date span previously billed. Admit and discharge date for hospital bill.
 - b. **Place of Service:** (POS) Two digit code identifying the place of service was performed.
 - c. **Type of Service:** (TOS) One digit code identifying the general type of service performed.
 - d. **Procedure Code/Revenue Code/NDC:** Identify correct procedure, hospital service or national drug code.
 - e. **Code Mod:** Modifier used to identify special circumstances for a service or procedure.
 - f. **ICD-9-CM Diagnosis/Side of Body:** ICD-9-CM diagnosis code for condition treated. Designate left or right side of body where applicable.
 - g. **Tooth Number:** For dental services only. Enter the two digit identification number of the specific tooth number treated (e.g., 08).
 - h. **Charge:** Total of charges for services provided this line.
 - i. **Days/Units/Quantity:** Total days stay for hospital accommodation codes, unit of service for procedure (time units, hours, miles, etc.), number of items (tablets, milliliters, etc.).
 - j. **Days Supply:** Total number of days a prescription is intended to cover.
 - k. **Description:** Describe procedure or service.
9. **OTHER REMARKS/JUSTIFICATION/SPECIAL CIRCUMSTANCES:** Enter sufficient justification for adjustment. Indicate the service line and date of service. Attach required reports.

F245-183-000 provider's request for adjustment – backer 2/00

LABOR & INDUSTRIES RESOURCE LIST

Billing Information

State Fund Provider Accounts

(360) 902-5140

Provider Accounts staff can assist you in obtaining an L&I provider account number and answer questions in regards to your L&I provider account number.

Electronic Billing

(360) 902-6511 or 902-6512

To obtain information on electronic transfer, tape-to-tape, or direct entry billing.

Claims Unit Customer Service Representatives

Unit	Phone Number	Unit	Phone Number
A	(360) 902 - 4498	R	(360) 902 - 4506
B	(360) 902 - 4491	T (UW)	(206) 281 - 5522
C	(360) 902 - 4490	U	(360) 902 - 4514
D	(360) 902 - 4315	W	(360) 902 - 4496
E	(360) 902 - 4331	X	(360) 902 - 4507
F	(360) 902 - 4502	Y	(360) 902 - 4453
G	(360) 902 - 4518	Z	(360) 902 - 6572
H	(360) 902 - 4493	3	(360) 902 - 5129
J	(360) 902 - 6455	4	(425) 290 - 1335
K	(360) 902 - 4361	5	(509) 454 - 3726
L	(360) 902 - 4457	6	(360) 902-4373 or 4846
M	(360) 902 - 4494	7	(360) 902 - 4745
N	(360) 902 - 4497	8	(360) 902 - 6643
O	(360) 902 - 9139	9	(360) 902 - 5665
P	(360) 902 - 4495	Tacoma	(253) 596 - 3947

Claims Unit Occupational Nurse Consultants

Unit	Phone Number	Unit	Phone Number
A & B	(360) 902 - 4293	C & X	(360) 902 - 4411
P & R	(360) 902 - 4520	W & Y	(360) 902 - 5820
D	(360) 902 - 4322	2	(509) 324 - 2559
E & F	(360) 902 - 4335	3	(360) 902 - 6804
G & J	(360) 902 - 6690	4	(425) 290 - 1331
H & Z	(360) 902 - 6425	1 & 5	(509) 454 - 3729
K, L, & O	(360) 902 - 6743	M, 8 & 9	(360) 902 - 9105
N & 6	(360) 902 - 6682	T (UW)	(206) 281 - 5522
7 & U	(360) 902 - 4382	Tacoma	(253) 596 - 3904

Office of the Medical Director

(360) 902-5024 or 902-5026

Inpatient/Outpatient Utilization Review

1-(800) 541-2894

Provider Hotline

1-(800) 848-0811

Bill payment/denial questions, interpretation of Provider Bulletins, WAC's & RCW's, authorization of non-targeted radiological and diagnostic testing services, consultations, orthotics, prosthetics, durable medical equipment, hearing aids/supplies and massage therapy.

IVR (Interactive Voice Response)

1-(800) 831-5227

For claim status, allow/denied diagnoses, procedures & drug classes, pending bills, Claim Manager name and phone number. ***Have your L&I provider account number and claim number ready.***

IME Project Manager

(360) 902-6818

Regional Offices - General Information-

Aberdeen	(360) 533-8200	Okanogan	(509) 826-7345
Bellevue	(425) 990-1400	Port Angeles	(360) 417-2700
Bellingham	(360) 647-7300	Pullman	(509) 334-5296
Bremerton	(360) 415-4000	Seattle	(206) 281-5400
Colville	(509) 684-7417	Spokane	(509) 324-2600
East Wenatchee	(509) 886-6500	Tacoma	(253) 596-3800
Everett	(425) 290-1300	Tukwila	(206) 248-8240
Kennewick	(509) 735-0100	Tumwater	(206) 902-5799
Longview	(360) 575-6900	Vancouver	(360) 896-2300
Moses Lake	(509) 764-6900	Walla Walla	(509) 527-4437
Mount Vernon	(360) 416-3000	Yakima	(509) 454-3700

Safety & Health Assessment & Research for Prevention

(360) 902-5667

Self-Insurance Information

(360) 902-6901

For questions relating to the treatment of an injured worker employed by a self-insured business.

Other phone numbers

Worker Hotline 1-(800) LISTENS or 1-(800) 547-8367